


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 007 ***158.75

80111644

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000007570			
1. Entity Name R. BARZOLA CANDLES DISTRIBUTORS INC.			
Principal Place of Business 410 N.W. 72ND AVE. MIAMI, FL 33126		Mailing Address 410 N.W. 72ND AVE. MIAMI, FL 33126	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0890830		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARZOLA, ROBERTO 410 N.W. 72ND AVE. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when electing.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete] <input type="checkbox"/>		[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete] <input type="checkbox"/>		[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete] <input type="checkbox"/>		[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete] <input type="checkbox"/>		[Change] <input type="checkbox"/> [Addition] <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		04/30/2003 305-261-1322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2EC34 (10/02)

8011644

attachment

#p99000007570

FLORIDA DEPARTMENT OF REVENUE

DIVISION OF CORPORATION

REF: R. BARZOLA CANDLES DISTRIBUTORS INC

65-0890830

DEAR SIR(S):

PLEASE REVIEW YOUR RECORDS. DURING THE LAST

TWO YEARS I HAVE NOT RECEIVED YOUR FORM
BY MAIL.

I AM CONCERNED ABOUT THIS SITUATION

I NEED YOUR HELP.

RESPECTFULLY

ROBERTO BARZOLA

410 N.W 72ND AVENUE
MIAMI, FLORIDA, 33126
305 261-1322